



Radiology Order Form

Scheduling Main: (432) 582-8500 • Scheduling Fax: (432) 332-8117
 Department Ph: (432) 582-8050 • Department Fax: (432) 582-8807

East Campus Address
 5th and Adams

South Campus
 900 E. 4th

Date of Request: ___/___/___ Appt. Date: ___/___/___
 CD Required **Creatinine Needed** **BUN needed** Valium, 5mg x ___

Diagnosis: _____
 Patient's Name: _____
 Patient's Phone: _____
 Patient's SSN: _____
 Patient's DOB: _____

Insurance: _____ Id: _____
 Physician's Name: _____
 Physician's Phone/Fax: _____
 Physician's Signature: _____
 Date: _____ Time: _____

IMPORTANT: PLEASE CHOOSE IV CONTRAST OPTION BY CIRCLING THE APPROPRIATE CPT CODE

CT PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/>	-	-	-
<input type="checkbox"/> Head	70450	70460	70470
<input type="checkbox"/> Sinuses: Complete	70486	70487	70488
<input type="checkbox"/> Sinuses: Limited	76380	n/a	n/a
<input type="checkbox"/> Orbits __w/3D(+76367) IAC Temporal Bones Mastoids	70480	70481	70482
<input type="checkbox"/> Max/Facial Bones __w/3D (+76367) Jaw/TMJ __w/3D(+76367)	70486	70487	70488
<input type="checkbox"/> Soft Tissue Neck	70490	70491	70492
<input type="checkbox"/> Spine: Cervical __w/3D (+76367)	72125	72126	72127
<input type="checkbox"/> Spine: Thoracic __w/3D (+76367)	72128	72129	72130
<input type="checkbox"/> Spine: Lumbar __w/3D (+76367)	72131	72132	72133
<input type="checkbox"/> Chest: __Routine	71250	71260	71270
<input type="checkbox"/> Abdomen Only	74150	74160	74170
<input type="checkbox"/> Pelvis Only __w/3D Bony only (+76367)	72192	72193	72194
<input type="checkbox"/> Abdomen & Pelvis: __ yes oral contrast __ no oral contrast	74176	74177	74178
<input type="checkbox"/> CT Urogram	n/a	n/a	74178
<input type="checkbox"/> Stone Protocol (no oral, no IV contrast)	74176	n/a	n/a
<input type="checkbox"/> Upper Extremity: (R/L _____) w/3D (+76367)	73200	73201	73202
<input type="checkbox"/> Lower Extremity: (R/L _____) w/3D (+76367)	73700	73701	73702
<input type="checkbox"/> Other:			

CTA PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head/Brain	n/a	n/a	70496
<input type="checkbox"/> Neck/Carotid	n/a	n/a	70498
<input type="checkbox"/> Chest __PE study (w/IV only 71275) __Chest Aorta	n/a	n/a	71275
<input type="checkbox"/> Abdomen	n/a	n/a	74175
<input type="checkbox"/> Cardiac Calcium Score Only	75571	n/a	n/a
<input type="checkbox"/> CCTA/CTA Heart w/3D	n/a	n/a	75574
<input type="checkbox"/> Triple Rule Out	n/a	n/a	75574 71275
<input type="checkbox"/> Runoff (bilateral lower extremity)	n/a	75635	n/a
<input type="checkbox"/> Other:			

NUCLEAR
<input type="checkbox"/> Nuclear Stress Test __w/Treadmill (78452 & 93017) __ with No Treadmill (93017)
<input type="checkbox"/> 3 Phase Bone (78315) <input type="checkbox"/> Whole Body Bone Scan (78306)
<input type="checkbox"/> Parathyroid (78070) <input type="checkbox"/> Thyroid Uptake & Scan (78014)
<input type="checkbox"/> Renal Scan (78707) __ Captopril __ Lasix (78708) <input type="checkbox"/> Liver Spleen (78216)
<input type="checkbox"/> Hepato/Disida/Hida: __w/CCK (78227) __ w/o CCK (78226)
<input type="checkbox"/> Gastric Emptying (78264)
<input type="checkbox"/> Other:

ULTRASOUND
<input type="checkbox"/> Thyroid (76536) <input type="checkbox"/> Soft Tissue _____ (Body Part) <input type="checkbox"/> Testicular (76870)
<input type="checkbox"/> Abdomen: __ Complete (76700) __ Limited: Organ _____ (76705)
<input type="checkbox"/> Liver (76705) <input type="checkbox"/> Gallbladder (76705) <input type="checkbox"/> Pyloric (76705)
<input type="checkbox"/> Renal (76775) <input type="checkbox"/> Retroperitoneal (76700)
<input type="checkbox"/> Pelvic (76856) <input type="checkbox"/> Transvaginal (76830)
<input type="checkbox"/> OB Transvaginal (76817) <input type="checkbox"/> __<=14Wks (76801) <input type="checkbox"/> __>14Wks (76805)
<input type="checkbox"/> Other:

MRI PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Brain <input type="checkbox"/> IAC	n/a	n/a	70553
<input type="checkbox"/> Orbit <input type="checkbox"/> Face <input type="checkbox"/> Sinus <input type="checkbox"/> Neck	70540	70542	70543
<input type="checkbox"/> Pituitary	n/a	n/a	70553
<input type="checkbox"/> Spine: Cervical	72141	72142	72156
<input type="checkbox"/> Spine: Thoracic	72146	72147	72157
<input type="checkbox"/> Spine: Lumbar	72148	72149	72158
<input type="checkbox"/> Chest	71550	71551	71552
<input type="checkbox"/> Breast MRI w/ & w/o Contrast Bilateral	n/a	n/a	77059
<input type="checkbox"/> Breast MRI w/ & w/o Contrast Unilateral	n/a	n/a	77058
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Kidney <input type="checkbox"/> Adrenal <input type="checkbox"/> MRCP	74181	74182	74183
<input type="checkbox"/> Brach.Plex. R/L <input type="checkbox"/> Humerous R/L <input type="checkbox"/> Forearm R/L <input type="checkbox"/> Hand R/L	73218	73219	73220
<input type="checkbox"/> Shoulder R/L <input type="checkbox"/> Elbow R/L <input type="checkbox"/> Wrist R/L	73221	73222	73223
<input type="checkbox"/> Pelvis	72195	72196	72197
<input type="checkbox"/> Hip R/L <input type="checkbox"/> Knee R/L <input type="checkbox"/> Ankle/Mid/Hindfoot R/L	73721	73722	73723
<input type="checkbox"/> Femur R/L <input type="checkbox"/> Tib/Fib R/L <input type="checkbox"/> Mid/Foreft R/L <input type="checkbox"/> Foreft/Toes R/L	73718	73719	73720
<input type="checkbox"/> Upper Extremity (Non-JT)	73218	73219	73220
<input type="checkbox"/> Upper Extremity Joint	73221	73222	73223
<input type="checkbox"/> Lower Extremity (Non-JT)	73718	73719	73720
<input type="checkbox"/> Lower Extremity Joint	73721	73722	73723
<input type="checkbox"/> Other:			

MRA PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	70544	n/a	n/a
<input type="checkbox"/> Neck	70547	70548	70549
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Aorta <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric <input type="checkbox"/> Venous	n/a	n/a	74185
<input type="checkbox"/> Other:			

XRAY/Flouro/Other
<input type="checkbox"/> CXR:PA & LAT (71020) <input type="checkbox"/> Bone Age Study (72012)
<input type="checkbox"/> Abdomen/KUB (74000) <input type="checkbox"/> IVP w/tomo (74400)
<input type="checkbox"/> Spine: Cervical (74040) <input type="checkbox"/> Spine: Thoracic (72072) <input type="checkbox"/> Spine: Lumbar (72100)
<input type="checkbox"/> Skull (70260) <input type="checkbox"/> Sinus (70220) <input type="checkbox"/> Ribs (71101) <input type="checkbox"/> Pelvis (72170)
<input type="checkbox"/> Shoulder R / L (73030) <input type="checkbox"/> Elbow R / L (73080) <input type="checkbox"/> Wrist R / L (73110) <input type="checkbox"/> Hand R/L (73130)
<input type="checkbox"/> Hip R / L (73502) <input type="checkbox"/> Femur R / L (73552) <input type="checkbox"/> Knee R / L (73562) <input type="checkbox"/> Tib/Fib R/L (73590)
<input type="checkbox"/> Ankle R / L (73610) <input type="checkbox"/> Foot R / L (73630)
<input type="checkbox"/> UGI (74240) <input type="checkbox"/> Esophagram (74220) <input type="checkbox"/> Modified Barium Swallow (74230)
<input type="checkbox"/> BE (74270) <input type="checkbox"/> Small Bowel Follow Through (74250) <input type="checkbox"/> VCUG (74455)
<input type="checkbox"/> Arthrogram: Wrist (73115) <input type="checkbox"/> Shoulder (77002) <input type="checkbox"/> Elbow (73085)
<input type="checkbox"/> Hip (73525) <input type="checkbox"/> Knee (73580)
<input type="checkbox"/> Myelogram: Cervical (62302) <input type="checkbox"/> Lumbar (62304)
<input type="checkbox"/> Other:

INSTRUCTIONS TO PATIENT - Please report to Registration 1 (One) hour prior to exam.

Instructions:

1. Please indicate if patient is pregnant or if there are any allergies to contrast media.
2. Pediatric (newborn to age 6) MRI and CT require sleep deprivation.
3. Studies requiring NPO status
 - a.) Please notify if patient is an insulin dependent diabetic when scheduling exam and
 - b.) Please instruct patient's with oral medications to take medicine on the day of the exam with as little fluid as possible.
4. Any study of the abdomen requires patient to be NPO (nothing to eat or drink) 6-8 hours prior to exam.

MRI: No metal objects allowed during MRI scan. Dental plates and bridges will be removed prior to exam. On day of exam, please notify MRI technologist of any metallic devices that are in your body such as a pacemaker, defibrillator, stents, aneurysm clips, joint replacements, etc. Additionally, please notify technologist of any other surgeries you have had in the past.

UGI and Small Bowel: Have a very light supper before 7 pm, nothing to eat or drink after midnight. Patient may have water if necessary, up to 3 hours prior to the exam. It is very important to increase oral fluids for 12 to 24 hours after the exam.

Barium Enema: Bowel Prep Kit required and diet restricted to clear fluids ONLY on day prior and day of exam. Increase oral fluids for 12 hours after exam.

IVP: Bowel Prep Kit required and light meals on day prior to exam. Patient may take clear fluids up to 3 hours prior to exam. Increase oral fluids for the rest of the day after exam.

Myelogram: Nothing to eat or drink 3 hours prior to exam.

Ultrasound Abdomen: Nothing by mouth after midnight or 6-8 hours prior to exam.

CT Abdomen and Pelvis: Take no food 6-8 hours prior to exam. Patient may have clear fluids up to 3 hours prior to exam. Drink plenty of fluids after exam.

OTHER INSTRUCTIONS: _____

Any concerns, please do not hesitate to call the numbers listed on the front. They will be glad to answer any questions that you may have.